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MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

STATE FILE NO. 85 Dr. Brayton

1. PLACE OF DEATH
COUNTY Pila STATE ARIZONA REGISTERED NO. 33
TOWNSHIP _____ OR VILLAGE _____ OR _____
CITY Miami NO. _____ ST. _____ WARD _____
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)

LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED _____ YRS. _____ MOS. _____ DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH? _____ YRS. _____ MOS. _____ DS.
2. FULL NAME Juanita Martinez HOW LONG IN STATE WHEN DEATH OCCURRED _____ YRS. _____ MOS. _____ DS.
(A) RESIDENCE NO. West ave. no 1 ST. _____ WARD _____ (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Mexican 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) Infant

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF _____ (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 24, 1935

7. AGE YEARS _____ MONTHS _____ DAYS XX IF LESS THAN 1 DAY, 2 HRS. OR _____ MIN.

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. _____
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. _____
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) _____ 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION _____

12. BIRTHPLACE (CITY OR TOWN) Miami (STATE OR COUNTY) Arizona

MOTHER | FATHER
13. NAME Pete Martinez
14. BIRTHPLACE (CITY OR TOWN) New Mexico (STATE OR COUNTY) unknown
15. MAIDEN NAME Carmen Martinez
16. BIRTHPLACE (CITY OR TOWN) El Paso (STATE OR COUNTY) Texas

17. INFORMANT Carmen Martinez (ADDRESS) Miami, Arizona

18. BURIAL, CREMATION, OR REMOVAL PLACE Final Cemetery DATE June 25, 1935

19. EMBALMER { LICENSE NO. 209-A SIGNATURE Salton H. Cole
FUNERAL DIRECTOR Wiles Mortuary
ADDRESS Miami, Arizona

20. FILED July 12, 1935 REGISTRAR C. M. Cron

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24, 1935
22. I HEREBY CERTIFY, THAT I (ATTENDED DECEASED) on June 24, 1935 TO _____ 19____
I LAST SAW HER ALIVE ON June 24, 1935; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT _____ M.
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:
deficiency of Birth
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: _____

NAME OF OPERATION _____ DATE OF _____
WHAT TEST CONFIRMED DIAGNOSIS? _____ WAS THERE AN AUTOPSY? N
23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? _____ DATE OF INJURY _____ 19____
WHERE DID INJURY OCCUR? _____ (SPECIFY CITY OR TOWN, COUNTY AND STATE)
SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE _____
MANNER OF INJURY _____
NATURE OF INJURY _____
24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? _____
IF SO, SPECIFY _____ (SIGNED) Leson D. Brayton M.D.
(ADDRESS) Miami, Arizona